

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6051-63-021897
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 13 1963

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis, Missouri

Length of stay in 1b

2 weeks

c. CITY OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

Stone Nursing Home

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

3501 Morganford

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

A/K/A First Joseph L. Middle McCallister

4. DATE OF DEATH

Month

Day

Year

Joseph

Lamont

McCallister

June

6,

1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-27-81

9. AGE (last birthday)

82

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

streetcar motorman

10b. KIND OF BUSINESS OR INDUSTRY

Public Service Co.

11. BIRTHPLACE (City and state or country)

Marleton, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Martin McCallister

13b. MOTHER'S MAIDEN NAME

Martha A. Thurmond

14. NAME OF HUSBAND OR WIFE (Dec.)

Mary Ellen McCallister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Major Ola P. McCallister 6431 Potomac

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Had Right leg amputated 17 yrs ago

DUE TO (b)

Diabetes mellitus controlled

INTERVAL BETWEEN ONSET AND DEATH

20 yrs

DUE TO (c)

Bronchopneumonia

2 days

DUE TO (d)

Pulmonary edema secondary to heart failure

2 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Prostatic enlargement with urinary stenosis

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes ☐ No ☐ Unknown ☐

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

260X

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

March 16, 1963 to 6-6-63

and last saw him alive on 6-6-63

Death occurred at

9:25 p.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

6-10-63

23c. NAME OF CEMETERY OR CREMATORY

Lakewood Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

HOFFMEISTER COLONIAL MORTUARY

25. DATE RECD. BY LOCAL REG.

SAM

REGISTRAR'S SIGNATURE

JUN 8 1963

Boad Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John L. Dennehy

Licensed Embalmer No. 4194

P. O. Address St Louis, mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. D. J. Verda
4500 Olive
FO. 7-8400

2:30 to 6 Fri